APPLICATION for CLINICAL LABORATORY PRACTITIONER TRAINEE LICENSE

I am requesting a Clinical Laboratory Practitioner Trainee license. I understand that there is no fee for the Trainee license. After passing a certification examination, or successfully completing one full year of training or experience, or both, I can apply for a Clinical Laboratory Practitioner License in which there is a \$ 25.00 fee. I am enclosing a copy of my diploma as documentation that I have successfully completed my degree. Please submit documentation of Clinical Laboratory training and/or experience you have completed.

*SS #:

Name:

Address:		Telephone No.:		
College or University	attended:			
Degree:		Conferred:		
Please complete the f	ollowing if applicable:	I		
Place of Employment				
Address:				
Supervisor:		Telephone No.:	Telephone No.:	
List clinical tests in which applicant will be performing. (Tests may be categorized as Chemistry, Hematology, etc. List each instrument used, if applicable.)				
TEST	REAGENT/TEST KIT	INSTRUMENTATION	COMPLEXITY	
_			1	
		Your Signature	Date	
		Supervisor Signature	Date	

^{*} By federal law you do not have to provide us with your social security number. We use your SS# as a unique identifier and it will never be given/sold to other companies/agencies.